



Patient Education February 2003

1: Arch Intern Med 2003 Jan 13;163(1):83-90

Closing the loop: physician communication with diabetic patients who have low health literacy.

Schillinger D, Piette J, Grumbach K, Wang F, Wilson C, Daher C, Leong-Grotz K, Castro C, Bindman AB.

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BACKGROUND: Patients recall or comprehend as little as half of what physicians convey during an outpatient encounter. To enhance recall, comprehension, and adherence, it is recommended that physicians elicit patients' comprehension of new concepts and tailor subsequent information, particularly for patients with low functional health literacy. It is not known how frequently physicians apply this interactive educational strategy, or whether it is associated with improved health outcomes. **METHODS:** We used direct observation to measure the extent to which primary care physicians working in a public hospital assess patient recall and comprehension of new concepts during outpatient encounters, using audiotapes of visits between 38 physicians and 74 English-speaking patients with diabetes mellitus and low functional health literacy. We then examined whether there was an association between physicians' application of this interactive communication strategy and patients' glycemic control using information from clinical and administrative databases. **RESULTS:** Physicians assessed recall and comprehension of any new concept in 12 (20%) of 61 visits and for 15 (12%) of 124 new concepts. Patients whose physicians assessed recall or comprehension were more likely to have hemoglobin A(1c) levels below the mean ($< \text{or} = 8.6\%$) vs patients whose physicians did not (odds ratio, 8.96; 95% confidence interval, 1.1-74.9) ($P = .02$). After multivariate logistic regression, the 2 variables independently associated with good glycemic control were higher health literacy levels (odds ratio, 3.97; 95% confidence interval, 1.09-14.47) ($P = .04$) and physicians' application of the interactive communication strategy (odds ratio, 15.15; 95% confidence interval, 2.07-110.78) ($P < .01$). **CONCLUSIONS:** Primary care physicians caring for patients with diabetes mellitus and low functional health literacy rarely assessed patient recall or comprehension of new concepts. Overlooking this step in communication reflects a missed opportunity that may have important clinical implications.

PMID: 12523921 [PubMed - indexed for MEDLINE]

2: Dent Today 2001 Mar;20(3):42-7

Winning the mind of the patient, Part 2: Why teeth need crowns.

Korpi P, Henriksen S.

PMID: 12524866 [PubMed - indexed for MEDLINE]

**Library Program Office
Office of Information
Veterans Health Administration**

3: Dent Today 2001 Feb;20(2):92-5

Winning the mind of the patient: the missing link in periodontal treatment acceptance.

Korpi P, Henriksen S.

PMID: 12524852 [PubMed - indexed for MEDLINE]

4: Dent Today 2001 Jan;20(1):28-9

Periodontist survey identifies problems, reveals astonishing excuses.

Publication Types:

News

PMID: 12524882 [PubMed - indexed for MEDLINE]

5: Diabetes Educ 2002 Nov-Dec;28(6):999-1008

A focus group study of accessibility and related psychosocial issues in diabetes education for people with visual impairment.

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PURPOSE: This study was conducted to identify accessibility and related psychosocial issues in diabetes care and education for visually impaired adults who have diabetes. METHODS: Two focus groups of adults with visual impairment and diabetes were conducted; data were recorded and analyzed. RESULTS: The 3 main issues identified were lack of access to up-to-date diabetes information in an accessible format, lack of understanding by healthcare providers of the needs and competencies of people with both visual impairment and diabetes, and lack of access to nonvisual diabetes self-management equipment. CONCLUSIONS: This study provides qualitative support for the view that visually impaired people in the United States may, as a group, be systematically excluded from receiving high quality diabetes care and education. Equal access to diabetes care and education for visually impaired people requires increased accessibility of diabetes care and education programs, and increased professional and public awareness that the diabetes programs are accessible. Some specific recommendations are to make all patient education materials available in low-vision/nonvisual formats and to teach all diabetes education professionals how to work effectively with visually impaired people.

PMID: 12526640 [PubMed - indexed for MEDLINE]

6: Diabetes Educ 2002 Nov-Dec;28(6):989-98

Perceived adherence to prescribed or recommended standards of care among adults with diabetes.

Jorgensen WA, Polivka BJ, Lennie TA.

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PURPOSE: Adults with diabetes were surveyed to determine the extent to which respondents perceived specific preventive regimens (diet, exercise, weight control, and education) had been prescribed or recommended, adhered to their prescribed regimens, and identified barriers to nonadherence. METHODS: Surveys were mailed to 2 samples of adults diagnosed with diabetes. The clinic sample was from health department clinics (n = 264); the agency sample was from a

nonprofit agency serving people with diabetes (n = 111). RESULTS: Of the 4 preventive measures under investigation, diet plans and weight reduction were perceived as most commonly recommended by health professionals; exercise schedules were the least commonly recommended. Diabetes self-management education was reportedly recommended more often among the agency sample. In terms of adherence, approximately half of both samples were able to lose weight. A smaller portion of the clinic sample was able to get needed foods and exercise, and maintain weight loss. The most frequently cited reasons for nonadherence were cost, transportation, and other health conditions. CONCLUSIONS: Improvement in the implementation of preventive behaviors is needed, particularly exercise schedules. Barriers to care, such as costs and transportation, may need special consideration. PMID: 12526639 [PubMed - indexed for MEDLINE]

7: Diabetes Educ 2002 Nov-Dec;28(6):979-88

Reliability and validity of a measure of perceived diabetes and dietary competence in African American women with type 2 diabetes.

Samuel-Hodge CD, DeVellis RF, Ammerman A, Keyserling TC, Elasy TA. University of North Carolina at Chapel Hill, 1700 Airport Road, CB # 8140, Chapel Hill, NC 27599-8140, USA. carmen_samuel@unc.edu

PURPOSE: A general measure of perceived diabetes and dietary competence (PDDC) was developed to assess a person's sense of confidence and perceived behavioral control in diabetes and dietary self-management. Internal structure, reliability, and construct validity were evaluated. METHODS: There were 2 samples of African American women with type 2 diabetes; 226 patients in the development sample and 225 patients in the validation sample. Factor analysis, Cronbach's coefficient alpha, and correlation analysis were used to assess reliability and validity of the PDDC measure. RESULTS: Three subscales were empirically determined by factor analysis: positive competence, negative dietary competence, and negative control. Cronbach's alphas for all subscales were good. Predicted relationships with measures of perceived health competence, self-efficacy, social support, and perceived dietary barriers were largely supported in construct validation. CONCLUSIONS: This study provides initial support for the internal reliability and validity of a perceived diabetes and dietary competence measure. Further research is needed to determine its validity in other samples of African Americans with type 2 diabetes and its clinical utility in evaluating diabetes self-management training.

Publication Types:

Validation Studies

PMID: 12526638 [PubMed - indexed for MEDLINE]

8: Diabetes Educ 2002 Nov-Dec;28(6):964-8, 970-1

White paper on the prevention of type 2 diabetes and the role of the diabetes educator.

Publication Types:

Review

Review, Tutorial

PMID: 12526637 [PubMed - indexed for MEDLINE]

9: Diabetes Educ 2002 Nov-Dec;28(6):938-43, 947-50, 952-4 passim
Counseling patients with type 2 diabetes and insulin resistance in the outpatient setting.

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Insulin resistance is a major health concern. Besides being a leading risk factor for type 2 diabetes, it is also associated with hypertension, dyslipidemia, obesity, and cardiovascular disease. Making lifestyle changes can reduce insulin resistance and help prevent the onset of diabetes. For those with type 2 diabetes, treatment with insulin-sensitizing drugs, such as the TZDs and biguanides, can improve glycemic control and prevent some of the adverse consequences of the disease. Adherence to both lifestyle and medication regimens is very important and should be actively supported by all members of the healthcare team. Diabetes educators, including pharmacists, can increase awareness of the underlying pathophysiology and clinical implications of insulin resistance. Diabetes educators also play a vital role in counseling patients with type 2 diabetes on strategies that reduce their risk of hyperglycemic complications and in providing support, education, and guidance. By understanding the disease and its management, diabetes educators can contribute to improved outcomes and help to reduce the impact of this worldwide epidemic.

Publication Types:

Review

Review, Tutorial

PMID: 12526635 [PubMed - indexed for MEDLINE]

10: Diabetes Educ 2002 Nov-Dec;28(6):1009-20

Quality improvement initiative to integrate teaching diabetes standards into home care visits.

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PURPOSE: This quality improvement project was initiated to determine the quality of diabetes care for clients of a home health agency and to integrate the teaching of diabetes standards of care into home care nursing visits. METHODS: A descriptive study design was used to evaluate the effectiveness of teaching materials and the Standards of Care Teaching Program. Performance indicators and outcome measures from the American Diabetes Association Provider Recognition Program (ADA PRP) were used to determine the baseline status of diabetes care and for comparing performance measures from 50 home care clients. RESULTS: The educational materials and care plan interventions helped nurses learn the standards and facilitated tracking interventions and performance measures. These results showed statistical significance in performance measures for eye, foot, lipid tests, and diabetes self-management education, but not for hemoglobin A1C, urine protein, and medical nutrition therapy. CONCLUSIONS: The Standards of Care Teaching Program was a useful way to integrate the standards into a diabetes program and home care visits. Comparing clients' diabetes performance measures with national standards helped identify specific areas for quality improvement.

PMID: 12526641 [PubMed - indexed for MEDLINE]

11: Diabetes Educ 2002 Nov-Dec;28(6):922-7

Cultural sensitivity: definition, application, and recommendations for diabetes educators.

Publication Types:

Guideline

Practice Guideline

PMID: 12526633 [PubMed - indexed for MEDLINE]

12: Diabetes Educ 2002 Nov-Dec;28(6):916-21

Diabetes education for people with disabilities.

The AADE recognizes the special diabetes education and care needs of people with disabilities. The Americans with Disabilities Act requires that diabetes educators provide reasonable accommodations to people with disabilities in response to their particular individual needs. This position statement has been developed to provide guidance to diabetes educators regarding their ethical and legal responsibilities to people with disabilities, and to promote diabetes education for people with disabilities that is equal in quality to that received by people with no current disability.

Publication Types:

Guideline

Practice Guideline

PMID: 12526632 [PubMed - indexed for MEDLINE]

13: Diabetes Educ 2002 Nov-Dec;28(6):893-4

Native American/Indian specialty educators.

Bochenski C, Longstaff L.

PMID: 12526631 [PubMed - indexed for MEDLINE]

14: Diabetes Educ 2002 Nov-Dec;28(6):930-2, 935-7

Evaluating a diabetes foot care program in a preceptorship for medical students.

Sifuentes F, Chang L, Nieman LZ, Foxhall LE.

Department of Family Practice and Community Medicine, University of Texas Medical School at Houston, Texas.

Publication Types:

Evaluation Studies

PMID: 12526634 [PubMed - indexed for MEDLINE]

15: Diabetes Educ 2002 Nov-Dec;28(6):888-9

African American specialty educators.

Hendricks RT.

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20906-4709, USA.

PMID: 12526630 [PubMed - indexed for MEDLINE]

16: Diabetes Self Manag 2002 Sep-Oct;19(5):87-9, 91-2, 94-5

Women & diabetes. Top 10 health tips for women over 65.

Sloan HL, Robinson AW.

PMID: 12561760 [PubMed - indexed for MEDLINE]

17: Diabetes Self Manag 2002 Sep-Oct;19(5):49, 53

Diabetes quiz. How much to you know about carbohydrate?

Cooper N.

PMID: 12561757 [PubMed - indexed for MEDLINE]

18: Diabetes Self Manag 2002 Sep-Oct;19(5):8, 10, 12-3

Eating for better vision and healthy eyes.

Hagberg L.
PMID: 12561751 [PubMed - indexed for MEDLINE]

19: Diabetes Self Manag 2002 Jul-Aug;19(4):8-10, 13-4
What to expect at your eye exam.
Randall HG.
PMID: 12533843 [PubMed - indexed for MEDLINE]

20: Diabetes Self Manag 2002 Jul-Aug;19(4):17-8, 20, 22-4, 27
Smart shopping for a healthy heart.
Craig J.
PMID: 12533844 [PubMed - indexed for MEDLINE]

21: Diabetes Self Manag 2002 Jul-Aug;19(4):75-6
Diabetes quiz. How much do you know about treating impotence?
Dinsmoor R.
PMID: 12533852 [PubMed - indexed for MEDLINE]

22: Diabetes Self Manag 2002 Jul-Aug;19(4):45-6, 49
Urinary tract infections. Treatment and prevention.
Randrup E, Baum N.
PMID: 12533848 [PubMed - indexed for MEDLINE]

23: Diabetes Self Manag 2002 Jul-Aug;19(4):108, 110-2
Dealing with surgery.
Jacobson SJ.
PMID: 12533856 [PubMed - indexed for MEDLINE]

24: HIV Inside 2002 Fall-Winter;4(3):1, 3-6, 8
The value of HIV peer education programs in correctional facilities.
Publication Types:
Newspaper Article
PMID: 12523302 [PubMed - indexed for MEDLINE]

25: Issue Brief Cent Medicare Educ 2002;3(10):1-6
Medicare and durable medical equipment.
Coviello A.
Medicare Rights Center, New York, USA.
Medicare coverage of wheelchairs, hospital beds and other durable medical equipment (DME) is a major source of confusion for people with Medicare, their families and the professionals who work with them. Yet, consumer publications rarely touch on it. In this brief we offer an overview of DME coverage issues and payment policies, including potential costs for consumers and their rights to appeal denials of payment.
PMID: 12526135 [PubMed - indexed for MEDLINE]

26: J Bus Ethics 2000 Nov;28(2):179-86

The conflict between ethics and business in community pharmacy: what about patient counseling?

Resnik DB, Ranelli PL, Resnik SP.

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Patient counseling is a cornerstone of ethical pharmacy practice and high quality pharmaceutical care. Counseling promotes patient compliance with prescription regimens and prevents dangerous drug interactions and medication errors. Counseling also promotes informed consent and protects pharmacists against legal risks. However, economic, social, and technological changes in pharmacy practice often force community pharmacists to choose between their professional obligations to counsel patients and business objectives. State and federal legislatures have enacted laws that require pharmacists to counsel patients, but these laws have had mixed results. This essay argues that community pharmacy's patient counseling conundrum can be solved through additional moral education persuasion, not through additional legal mandates. PMID: 12530432 [PubMed - indexed for MEDLINE]

27: J Clin Oncol 2003 Jan 15;21(2):355-65

Brief physician-initiated quit-smoking strategies for clinical oncology settings: a trial coordinated by the Eastern Cooperative Oncology Group. Schnoll RA, Zhang B, Rue M, Krook JE, Spears WT, Marcus AC, Engstrom PF. Psychosocial and Behavioral Medicine Program, Fox Chase Cancer Center, Philadelphia, PA 19012, USA. RA_Schnoll@fccc.edu

PURPOSE: Although tobacco use by cancer patients increases the risk of relapse, diminishes treatment efficacy, and worsens quality of life, about one third of patients who smoked before their diagnosis continue to smoke. Because patients have regular contact with oncologists, the efficacy of a physician-based smoking cessation treatment was evaluated. **METHODS:** Cancer patients (n = 432) were randomly assigned to either usual care or a National Institutes of Health (NIH) physician-based smoking intervention. The primary outcome was 7-day point prevalence abstinence at 6 and 12 months after study entry. **RESULTS:** At the 6-month follow-up, there was no significant difference in quit rates between the usual care (11.9%) and intervention (14.4%) groups, and there was no significant difference between the usual care (13.6%) and intervention (13.3%) groups at the 12-month follow-up. Patients were more likely to have quit smoking at 6 months if they had head and neck or lung cancer, began smoking after the age of 16, reported at baseline using a cessation self-help guide or treatment in the last 6 months, and showed greater baseline desire to quit. Patients were more likely to have quit smoking at 12 months if they smoked 15 or fewer cigarettes per day, had head and neck or lung cancer, tried a group cessation program, and showed greater baseline desire to quit. Finally, there was greater adherence among physicians to the NIH model for physician smoking treatment for patients in the intervention versus the usual care group. **CONCLUSION:** While training physicians to provide smoking cessation treatment to cancer patients can enhance physician adherence to clinical practice guidelines, physician smoking cessation interventions fail to yield significant gains in long-term quit rates among cancer patients.

Publication Types:

Clinical Trial

Multicenter Study

Randomized Controlled Trial

PMID: 12525530 [PubMed - indexed for MEDLINE]

